NIV CONTRACT	,		FC¢ Form
5.00.00 (FEB.55)	Fund §54.1009 Annual Reporting lection Form		Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448007	
<015>	Study Area Name	Texas 10, LLC	Accepted / Filed
<020>	Program Year	2015	Accepted / Filed
<030>	Contact Name: Person USAC should contact with questions about this data	Ana Bataille	JUN 25 2015
<035>	Contact Telephone Number: Number of the person identified in data line <030>	STFAH CUMY CAMENAL 6105356911 ext.	Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	abataille@cellonenation.com	
		Control of the second of the s	
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents fill		<u>vi</u> <040>
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>
<050>	Carrier Contact Information	(complete attached worksheet)	<050>
<060>	Coverage and Performance Report	(complete attached worksheet)	<060>
<070>	<u>Urban Rate Comparability Certification</u>	(complete attached certification)	<070> 🗸
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov	er tribal lands? Yes or No)	\odot
		(If yes, complete the attached worksheet)	<080>
<090>	Project Update Information	(complete attached worksheet)	<090>
<100>	<u>Certifications</u> <101> Reporting Carrier Certification (comp	elete attached certification)	<101>

Notice to Individuals Required by the Paperwork Reduction Act of 1995

<102> Agent Certification

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)
Notice to Individuals Required by the Paperwork Reduction Act of 1995

(complete attached certification)

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Care	050) Carrier Contact Form						
logol call	All of the second secon			Approved by OMB			
	(東京中國主 華 五 五 五 明) 漢	基本的		OM8 Control No. 3060-1185			
are 12	A CONTRACTOR OF THE PARTY OF TH			Page 2 of 8			
<010>	Study Area Code		448007				
<015>	Study Area Name		Texas 10, LLC				
<020>	Program Year		2015				
<030>	Contact Name - Person USAC should contact regarding t		Ana Bataille				
<035>	Contact Telephone Number - Number of person identific		6105356911 ext.				
<039>	Contact Email Address - Email Address of person identifi	ed in data line <030>	abataille@cellonenation.com				
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder						
<110>	FCC Registration Number	0017235110					
<111>	Filing Carrier Name	Texas 10, LLC					
<112>	Winning Bidder Carrier Name	Texas 10, LLC					
<113>	Street Address (or PO Box)	1170 Devon Park Dri	ve. Suite 104				
<114>	City	Wayne					
<115>	State	PA					
<116>	Zip-Code	Market State Communication Com					
<117>	Telephone Number	19087					
<118>	Fax Number	6105356911 ext.					
<119>	Email Address	6106885209					
		abataille@cellonena	tion.com				
Contact In	formation						
	if same as above, indicate in this box						
<120>		Ana Bataille					
<121>		Texas 10, LLC					
<122>	Street Address (or PO Box)	1170 Devon Park Dris	ve_Suite_104				
<123>	City	Wayne					
<124>	State	PA					
<125>	Zip-Code	19087					
<126>	Telephone Number	6105356911 ext.					
<127>	Fax Number	6106885209					
<128>	Email Address	abataille@cellonenat	tion.com				
	9						
words over the							
Authorize	d Agent Information if no agent, indicate in this box						
-120-	ii iio agent, indicate iii tiiis box						
<130>	Name (First, MI, Last, Suffix)						
<131>	Company			0.0			
<132>	Street Address (or PO Box)						
<133>	City						
<134>	State _						
<135>	Zip-Code						
<136>	Telephone Number		14				
<137>	Fax Number						
<138>	Email Address						
	-						

(060) Coverage and Performance Report	FCC Form 690
	Ap proved by OMB
	OMB Control No. 3060-1145
	Page 3 of 8

<010>	Study Area Code	448007	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2014 - 07/2015		

448007_CPRd_TX.zip Coverage and Performace attachements

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	kb2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>></d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Population	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance dat is uploaded (Yes/no)
			(see attach	ed works	neet			

0		0
Percentage of Total	Percentage of Total	
Population Reached by	Road Miles covered	
Service	by Service	

(070) UH	oan Rate Comparability Certification Compliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
<010>	Study Area Code	448007
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <0305	abataille@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

C	ertification of Officer or Emp	oloyee as to Compliance with 47	CFR §54.1009(a)(4)	
certify that I am an officer or employee of form and in any attachments is accurate.	the reporting carrier; my respon	sibilities include ensuring compliance	with 47 CFR §54.1009(a)(4),	the information reported on this
Name of Reporting Carrier: Texa	s 10, LLC			
Signature of Authorized Officer:	CERTIFIED ONLINE			Date 06/25/2015
Printed name of Authorized Officer:	Ana Bataille			
Title or position of Authorized Officer:	Tax & Regulatory Manager			
Telephone number of Authorized Officer:	6105356911 ext.			
Study Area Code of Reporting Carrier:	448007	Filing Due Date for this form:	07/01/2015	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent) carrier. I also certify that I am an officer or employee of the re authorized agent; and, to the best of my knowledge, the repo	is authorized to submit the information reported on behalf of the reporting eporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the rts and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized t	to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
50 M (III - THE PORT) (III AND III MARINE MARINE III AND MARINE III AND III AND III MARINE III MARINE III AND III MARINE II MARINE	to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on
data provided by the reporting carrier; and, to the best of my kn	owledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Agent:	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:

(080) Triba	al Lands Reporting			FCC Form 690
				Approved by OMB
				OMB Control No. 3060-1185
				Page 5 of 8
<010>	Study Area Code		448007	- 100 and 100
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year Contact Name - Person USAC should contact regarding t	his data	2015	200 Scotter Scotter
<035>	Contact Telephone Number - Number of person identifie		Ana Bataille 30> 6105356911 ext.	
<039>	Contact Email Address - Email Address of person identifi			
	(Appropri			<u> </u>
<142>	State	-		
<143>	County			
		-		
<144>	Tribal Land(s) on which ETC Serves			
		7		
				===
<145>	Tribal Government Engagement Obligation			
		Name of Attached I	Document (.pdf)	
	If your company serves Tribal lands, please select (Yes, N		e) for	
	each of these boxes to confirm the status described on t			
	PDF, on line 145, demonstrates coordination with the Togovernment pursuant to § 54.1004 includes:	ribal		
	government pursuant to 3 34.1004 metades.			
			Select	
90.4450			(Yes, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a foc	us on Tribal		
	community anchor institutions;			
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules		77.	
<152>	Compliance with Environmental Review processes			

<153>

Compliance with Cultural Preservation review processes <154> Compliance with Tribal Business and Licensing requirements.

(090) Project	t Update Information	FCC Form 690 Approved by OM8 OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	448007
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	52800.00
<203>	Total Mobility Fund Support Disbursed	17600.00
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	448007_PSD_TX.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	Continue of the continue of th
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	1
<216>	Project Budget Status	/
<217>	Project Plan Status	✓
<218>	Certify Network will Support 3G/4G Mobile Service (Yes / No)	⊙ ○

(101) Ceri	tification - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
<010>	Study Area Code	448007
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities inclu best of my knowledge, the information reported on this form and in any atta	de ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the chments is accurate.
Name of Reporting Carrier: Texas 10, LLC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/25/2015
Printed name of Authorized Officer: Ana Bataille	
Title or position of Authorized Officer: Tax & Regulatory Manager	
Telephone number of Authorized Officer: 6105356911 ext.	
Study Area Code of Reporting Carrier: 448007	Filing Due Date for this form: 07/01/2015

(102) Cer	tification - Agent / Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 8 of 8
<010>	Study Area Code	448007
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting carrier.
also certify that I am an officer of the reporting carrier; my agent; and, to the best of my knowledge, the reports and d	oonsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Author	rized to File for Mobility Fund Recipients on Behalf of Re	porting Carrier
성용 : (1) 전문(1) 1 : (1)	orized to submit the reports for Mobility Fund recipients on behal carrier; and, to the best of my knowledge, the information report	옷 맞지 되었다는 가게 있는 사람들이 있다. 열차 있다면 하기가 들고 보기 위한 나는 물리가 하시시 하는 것이다고 있는 것이라고 하는 것이다.
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:	Access (1707)	
ignature of Authorized Agent or Employee of Agent:		Date:
rinted name of Authorized Agent or Employee of Agent:		
itle or position of Authorized Agent or Employee of Agent		
elephone number of Authorized Agent or Employee of Ag	gent:	
itudy Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

UNIB CONTO NO. SCO. 1103	App OMI	Form 690. roved by OMB B Control No. 3	060-1185
--------------------------	------------	--	----------

dy Area Name	Texas 10, LLC
	Texas 10, DDC
gram Year	2015
ntact Name - Person USAC should contact regarding this data	Ana Bataille
ntact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
ntact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com
verage and Performance Report Year	08/2014 - 07/2015
nt	act Name - Person USAC should contact regarding this data act Telephone Number - Number of person identified in data line <030> act Email Address - Email Address of person identified in data line <030>

<b1> <141> Certify that **Total Road** Coverage and Road Miles Resident Total Resident Miles Performacne Population Resident Population **Road Miles** per Census covered per data is uploaded Newly Reached by Service **Block Newly** Population per Reached by per Census Census Block (yes/no) Census Block Census Block Service Block Reached County Angelina State 0000 Yes TX 0 0 0.0 0.0 0.0

> Percentage of Total Population Reached by Service

0		

Percentage of Total Road Miles covered by Service

	_	-	
0			

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC ("Texas 10" or "the Company") has completed construction and deployment with respect to the SAC associated with this filing. Drive testing is ongoing throughout those census tracts for which the Company has been authorized to receive awards, with all drive testing and disbursement request filings to be completed in advance of the Company's construction deadline of August 17, 2015. On or prior to that date, Texas 10 will submit these filings, which will include the required coverage and performance data. Please reference the Company's disbursement request filings for additional coverage and performance information.

Texas 10, LLC
 Form 690 – Annual Report for August 2014 – July 2015

Project Status Description

Item: SAC 448007

County/State: Angelina, TX

Total Award Amount: \$52,800.00

Project Description

The initial Project Description for this project was filed by Texas 10, LLC ("Texas 10" or "the Company") on November 1, 2012, accompanying its Form 680 long form application. The Company updated this information in its 2014 Mobility Fund Phase I Annual Report, filed July 30, 2014. Both filings are incorporated herein by reference. The current update of material changes to the Project Description information previously provided for this census tract is as follows. Texas 10 has completed network design, construction, and deployment of the contemplated upgrades to its network. The upgrades have been tested and launched into commercial service. The network is now serving customers in this census tract with mobile broadband as well as voice services. The project remains within total amounts budgeted. The Company remains firmly committed to complying with all regulatory obligations associated with the support. Texas 10 has commenced its monthly, semiannual and annual maintenance reviews at each cell site, and will obtain third-party maintenance services and replacement equipment from its vendors as applicable.

	Fund - §54.1009 Annual Reporting lection Form		FCE Form Approved by DMB OMB 306D-1185 Avg. Burden Estimate per Respondent: 18 Hours
	Study Area Code	448008	
	Study Area Name	Texas 10, LLC	The state of the s
	Program Year	2015	Accepted / Filed
	Contact Name: Person USAC should contact with questions about this data	Ana Bataille	JUN 25 2015
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356911 ext.	Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	abataille@cellonenation.com	
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents file	ed with the Form 481 reporting	<041>
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>
<050>	Carrier Contact Information	(complete attached worksheet)	<050>
<060>	Coverage and Performance Report	(complete attached worksheet)	<060>
<070>	<u>Urban Rate Comparability Certification</u>	(complete attached certification)	<070>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	er tribal lands? Yes or No)	\circ
		(If yes, complete the attached worksheet)	<080>
<090>	Project Update Information	(complete attached worksheet)	<090>
<100>	Certifications <101> Reporting Carrier Certification (complete)	ete attached certification)	<101>
	<102> Agent Cortification (<1025

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(nen) com	O Cbd-F	- A-7		F005-1- C00
(USU) Can	Per Contact Form			FCC Form 690 Approved by OM8 OMB Control No. 3060-1185
-	The state of the s	SANIM SANIM WARRING WARRANT	en de la companya de	Page 2 of 8
<010>	Study Area Code		448008	_
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2015	
<030>	Contact Name - Person USAC should contact regarding		Ana Bataille	
<035> <039>	Contact Telephone Number - Number of person identi Contact Email Address - Email Address of person identi		6105356911 ext.	
10332	Contact Email Address - Email Address of person identi	ined in data line <0302	abataille@cellonenation.com	-
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	0017235110	200	
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name	Texas 10, LLC		*: -
<113>	Street Address (or PO Box)	1170 Devon Park Dri	ve, Suite 104	70 - 25
<114>	City	Wayne		is the state of th
<115>	State	PA		
<116>	Zip-Code	19087	1994	
<117>	Telephone Number			
<118>	Fax Number	6105356911 ext.	- ES	
<119>	Email Address	6106885209	200 E 200 E	
(abataille@cellonena	tion.com	
20 % 20	gr 201			
Contact In	iformation			
	if same as above, indicate in this box			
<120>	Name (First, MI, Last, Suffix)	Ana Bataille		444
<121>	Filing Carrier Name	Texas 10, LLC		
<122>	Street Address (or PO Box)	1170 Devon Park Dris	ve. Suite 104	
<123>	City	Wayne		
<124>	State	PA		27 43
<125>	Zip-Code	19087		<u> </u>
<126>	Telephone Number	6105356911 ext.		
<127>	Fax Number	6106885209	0.0	
<128>	Email Address	abataille@cellonenat	ion.com	
51.8 8	60 0 d 6			
Authorize	d Agent Information if no agent, indicate in this box			
120	ii no agent, moicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			<u> </u>
<132>	Street Address (or PO Box)	Yes and the second		
<133>	City	-	- 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 199	
<134>	State		or fall comment	
<135>	Zip-Code			
<136>	Telephone Number			10 - 50 10 - 50
<137>	Fax Number			
<138>	Email Address			
			277	9

.

(060) Cov	verage and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448008	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2014 - 07/2015		,
	448008_CPRd Coverage and Performace attachements	TX.zip	

<91>	<22>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>></d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance da is uploaded (Yes/no)
		-		an attack	مط ديرم مادما	t			
	_			ee attach	ed works	neet	 		+
	-						-		
			_			_	-		-

(070) Url	oan Rate Comparability Certification Compliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
<010>	Study Area Code	448008
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

		nployee as to Compliance with 47 CFR §54.1009(a	***
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.			
Name of Reporting Carrier: Texa	s 10, LLC	35 To 10 To	
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/25/2015
Printed name of Authorized Officer:	Ana Bataille		
Title or position of Authorized Officer:	Tax & Regulatory Manager	r .	
Telephone number of Authorized Officer:	6105356911 ext.		
Study Area Code of Reporting Carrier:	448008	Filing Due Date for this form: 07/01/2015	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
arrier. I also certify that I am an officer or employee of the rep	orting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
uthorized agent; and, to the best of my knowledge, the reports	and data provided to the authorized agent is accurate.
ame of Authorized Agent:	
ame of Reporting Carrier:	
gnature of Authorized Officer or Employee:	Date:
rinted name of Authorized Officer or Employee:	
tle or position of Authorized Officer or Employee:	
elephone number of Authorized Officer or Employee:	
udy Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorize	d to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authorize data provided by the reporting carrier; and, to the best of my	ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

(080) Triba	l Lands Reporting			FCC Form 690 Approved by QMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448008	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2015	
<030>	Contact Name - Person USAC should contact regarding t		Ana Bataille	
<035>	Contact Telephone Number - Number of person identifie			
<039>	Contact Email Address - Email Address of person identifi	ied in data line <0:	30> abataille@cellonenation.com	
<142>	State		i i den veze	
<143>	County	775		
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached D	rocument (.pdf)	
	If your company serves Tribal lands, please select (Yes, Meach of these boxes to confirm the status described on the PDF, on line 145, demonstrates coordination with the Togovernment pursuant to § 54.1004 includes:	the attached	·) for	
<146> <147> <148>	Needs assessment and deployment planning with a foc- community anchor institutions; Feasibility and sustainability planning; Marketing services in a culturally sensitive manner;	us on Tribal	Select (Yes, No, Not Applicable)	
<149>	Compliance with Rights of way processes	ŀ		
	10 170 10 10			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules	Ì		

<152>

<153> <154> Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes

Compliance with Tribal Business and Licensing requirements.

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	
<015>	Study Area Name	44808
<020>	Program Year	Texas 10, LLC 2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	100000000000000000000000000000000000000
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	253320.00
<203>	Total Mobility Fund Support Disbursed	84440.00
<210> <211>	Actual Completion Date Project Status Description (attached)	448008_PSD_TX.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	
<217>	Project Plan Status	V
<218>	Certify Network will Support 3G/4G Mobile Service (Yes / No)	O

(101) Ceri	ification - Reporting Carrier		Approved by OMB OMB Control No. 3050-185 Page 7 of 8
<010>	Study Area Code	448008	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.	<u> </u>
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com	
$\overline{}$			

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Texas 10, LLC				
Signature of Authorized Officer: CERTIF	ED ONLINE		Date 06/25/2015	
Printed name of Authorized Officer: Ana Ba	caille	:i		
Title or position of Authorized Officer:	Regulatory Manager			
Telephone number of Authorized Officer: 61	05356911 ext.			
Study Area Code of Reporting Carrier:	448008	Filing Due Date for this form:	07/01/2015	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Cer	tification - Agent / Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 8 of 8
<010>	Study Area Code	448008
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abatailla@callonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my ragent; and, to the best of my knowledge, the reports and date	is authorized to submit the information reported on behalf of the reporting consibilities include ensuring the accuracy of the data reporting requirements provided to the authorized provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Author	rized to File for Mobility Fund Recipients on Behalf of Re	eporting Carrier
하면서 살고 그렇게 보다면 하는 사람이 되었다. 이 회사에서 보다 하는 그렇지 않는 이 모든 사람들이 있는 그렇게 하는 바로 없어 하는 것이다. 그 때문에 없는 것이다고 있다.	orized to submit the reports for Mobility Fund recipients on beha carrier; and, to the best of my knowledge, the information report	and the control of the second of the control of the
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		V.
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agent		
elephone number of Authorized Agent or Employee of Ag	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

(060) Ca	verage and Performance Report	FCC Form 690 Approved by OMB OMB Control No. 3060-1185	
<010>	Study Area Code	448008	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com	
<140>	Coverage and Performance Report Year	08/2014 - 07/2015	

. . . .

<b2> <141> Certify that **Total Road** Coverage and Road Miles Resident Total Resident Miles Performacne Population Population Road Miles per Census Resident covered per data is uploaded Newly Reached by Service Census Block Population per Reached by per Census **Block Newly** (yes/no) Census Block County Angelina Service Block Reached Census Block State 0000 TX 0 0 0 Yes 0.0 0.0 0.0

Percentage of Total
Percentage of
Total Population
Reached by
Service

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC ("Texas 10" or "the Company") has completed construction and deployment with respect to the SAC associated with this filing. Drive testing is ongoing throughout those census tracts for which the Company has been authorized to receive awards, with all drive testing and disbursement request filings to be completed in advance of the Company's construction deadline of August 17, 2015. On or prior to that date, Texas 10 will submit these filings, which will include the required coverage and performance data. Please reference the Company's disbursement request filings for additional coverage and performance information.

Texas:10, LLC Form 690 – Annual Report for August 2014 – July 2015

Project Status Description

Item: SAC 448008

County/State: Angelina, TX

Total Award Amount: \$253,320.00

Project Description

The initial Project Description for this project was filed by Texas 10, LLC ("Texas 10" or "the Company") on November 1, 2012, accompanying its Form 680 long form application. The Company updated this information in its 2014 Mobility Fund Phase I Annual Report, filed July 30, 2014. Both filings are incorporated herein by reference. The current update of material changes to the Project Description information previously provided for this census tract is as follows. Texas 10 has completed network design, construction, and deployment of the contemplated upgrades to its network. The upgrades have been tested and launched into commercial service. The network is now serving customers in this census tract with mobile broadband as well as voice services. The project remains within total amounts budgeted. The Company remains firmly committed to complying with all regulatory obligations associated with the support. Texas 10 has commenced its monthly, semiannual and annual maintenance reviews at each cell site, and will obtain third-party maintenance services and replacement equipment from its vendors as applicable.

300000000000000000000000000000000000000	Fund §54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448009	
<015>	Study Area Name	Texas 10, LLC	AGGERTA / P.
<020>	Program Year	2015	Accepted / Filed
<030>	Contact Name: Person USAC should contact with questions about this data	Ana Bataille	JUN 25 2015
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356911 ext.	Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	abataille@cellonenation.com	
		1 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents file <042> Cite the Study Area Code (SAC) for the Formation (SAC) for the Formation (SAC).	ed with the Form 481 reporting	N) <040>
<050> <060>	Carrier Contact Information Coverage and Performance Report	(complete attached worksheet)	<050>
1000 2		(complete attached worksheet)	
<070>	Urban Rate Comparability Certification	(complete attached certification)	<070> 🗸
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	er tribal lands? Yes or No)	\circ
		(If yes, complete the attached worksheet)	<080>
<090>	Project Update Information	(complete attached worksheet)	<090>
<100>	<u>Certifications</u> <101> Reporting Carrier Certification (complete)	lete attached certification)	<101>

Notice to Individuals Required by the Paperwork Reduction Act of 1995

<102> Agent Certification

1. . .

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

(complete attached certification)

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

<102>

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.